MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11200

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH- COUNTY Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Golt--X Rural LENGTH OF STAY (in this place) Life-Time	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Golt --- Rural X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Lewis	(Middle) Irving	(Last) Atwell	4. DATE OF DEATH	(Month) Nov	(Day) 4 th	(Year) 1953
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Aug 5, 1897	9. AGE last birthday 56 yrs.	If under 1 year Months. Days	If under 24 hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Mail Carrier	10b. KIND OF BUSINESS OR INDUSTRY own Farm	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Lewis P. Atwell	14. MOTHER'S MAIDEN NAME Elizabeth Johnson						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Mrs. Helen Atwell Golt, Md R.D.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

423.2 Immediate cause (a) Sincope

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Myodegeneratin-Hypotonia

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended ~~the deceased from~~ saw the decissed only death on Nov 4. 1953, 19....., ~~to~~ ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 7 a m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Olga Kowalewski, M.D		Millington	Nov. 5-1953

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Nov. 8, 1953	NAME OF CEMETERY OR CREMATORY Townsend M. E.	LOCATION (City, town, or county) Townsend (State) Delaware
DATE REC'D BY LOCAL REG. Nov. 5, 1953	REGISTRAR'S SIGNATURE Edward Fellows.	24. FUNERAL DIRECTOR D. Lester Daniels	ADDRESS Middletown-Del

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
NOV 13 19[illegible]
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11201

CERTIFICATE OF DEATH

Reg. Dist. No. 2021

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown, Md. X
LENGTH OF STAY (in this place) about 4 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Anne Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown X
STREET ADDRESS (If rural give location) Rural - Broad Neck

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) M. (Last) Blake

4. DATE OF DEATH (Month) (Day) (Year) Nov. 30, 1953

5. SEX: female

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH: Dec. 25, 1872

9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Kent County Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Thomas

14. MOTHER'S MAIDEN NAME: Frances Bowser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT & ADDRESS: Wm. Blake Yeadon, Penna.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
9020 Immediate cause	(a) METABOLIC IMBALANCE	3 DAYS
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) INFECTION, PROBABLY	7 DAYS
	DUE TO (c) FRACTURED RIGHT HIP	27 DAYS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) HOME

(CITY OR TOWN) (COUNTY) (STATE) CHESTERTOWN RD KENT MD.

TIME OF INJURY (Month) (Day) (Year) (Hour) 11 - 2 - 53 3 P.m.

INJURY OCCURED While at Work ☐ Not While At Work ☒

HOW DID INJURY OCCUR? SLIPPED + FELL FROM PORCH

22. I hereby certify that I attended the deceased from 11-3, 1953, to 11-30, 1953, that I last saw the deceased alive on 11-30, 1953, and that death occurred at 8.30 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Raymond M. Atkins, M.D. ADDRESS Chestertown Md. DATE SIGNED 12-1-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF Dec. 3, 1953

NAME OF CEMETERY OR CREMATORY Broad Neck Cem.

LOCATION (City, town, or county) (State) near - Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR Dec. 2-1953

REGISTRAR'S SIGNATURE Clara S. Barnes,

24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md. ADDRESS

VS. 15

RECEIVED
DEC 4 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

11202

Reg. Dist. No. 200

1. PLACE OF DEATH: COUNTY Kent County MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Golts - R.D. LENGTH OF STAY (in this place) X	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Golts - R.D. X
HOSPITAL OR INSTITUTION OR STREET ADDRESS X	STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) ANNA	(Middle) D.	(Last) CLAYTON	4. DATE OF DEATH	(Month) NOV	(Day) 22	(Year) 1953
5. SEX Female	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH May 28, 1890	9. AGE last birthday 63 yrs.	If under Months.	1 year Days	If under Hours 24 hrs. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?				
13. FATHER'S NAME Lewis George	14. MOTHER'S MAIDEN NAME Lucy Carrow						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Walter Clayton - Golts, Md					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
260X Immediate cause	(a) Uremia	unknown
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Diabetis	unknown
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb., 1953, to Nov. 22, 1953, that I last saw the deceased alive on Nov 22, 1953 and that death occurred at 3P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J D Niles	M.D.	Middletown Del	11/23/53

23. BURIAL CREMATION REMOVAL (Specify) Burial	DATE NOV 25, 1953	NAME OF CEMETERY OR CREMATORY Townsend M.E.	LOCATION (City, town, or county) (State) Townsend Delaware
DATE REC'D BY LOCAL REG. Nov. 24, 1953	REGISTRAR'S SIGNATURE Edward Fellows	24. FUNERAL DIRECTOR Foster Davids	ADDRESS Middletown, Del

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

VS(A)

RECEIVED
NOV 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11203

CERTIFICATE OF DEATH

Reg. Dist. No. 2021

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH:
COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown 31 | LENGTH OF STAY (In this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington, Ave. X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown 31
STREET ADDRESS (If rural give location) Washington Ave

3. NAME OF DECEASED: (Type or Print) (First) E. (Middle) Bonwill (Last) Dukes

4. DATE OF DEATH: (Month) Nov. (Day) 8, (Year) I953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Dec. 6, I896

9. AGE Last birthday: 56 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Insurance Salesman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kent CO. Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William T. DuKES

14. MOTHER'S MAIDEN NAME: Lulu Bonwill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes | (If Yes, give war or dates of service) WW I

16. SOCIAL SECURITY No.: 2I6-0I-8036

17. INFORMANT & ADDRESS: Mrs. Margaret Dukes — Chestertown, Md. wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

420.1 Immediate cause (a) Coronary thrombosis — 8 hours

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0 | **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-8, 1953, to 11-8, 1953, that I last saw the deceased alive on 11-8, 1953 and that death occurred at 8 30 P.M., from the causes and on the date stated above.

SIGNATURE Robert Bryan (Degree or title) M.D. — ADDRESS Chestertown Md — DATE SIGNED 11-9-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Nov. II, I953 | NAME OF CEMETERY OR CREMATORY Chester Cemetery | LOCATION (City, town, or county) (State) Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 11-1953 | REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR J. Willis Wells — ADDRESS Chestertown, Md.

RECEIVED
NOV 13 1963
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11204

CERTIFICATE OF DEATH

Reg. Dist. No. 2021

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairlee X
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairlee X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Richard (Middle) Sterling (Last) Jones

4. DATE OF DEATH: (Month) Nov. (Day) 19, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: Dec. 12, 1860

9. AGE last birthday: 92 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: (owner)

11. BIRTHPLACE (State or foreign country): Kent County Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Washington Jones

14. MOTHER'S MAIDEN NAME: Mary Constable

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: no

17. INFORMANT & ADDRESS: Mrs. Lewin B. Deputy Fairlee, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
490X Immediate cause	(a) Lobar pneumonia	1 week
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebral Thrombosis	1 week
	DUE TO (c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis	years

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 13, 1953, to Nov. 19, 1953, that I last saw the deceased alive on Nov. 18, 1953 and that death occurred at 2.15 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Willard F. Smith MD ADDRESS Fairlee, Md. DATE SIGNED Nov. 20, 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Nov. 21, 1953 NAME OF CEMETERY OR CREMATORY St. Paul Cem. LOCATION (City, town, or county) (State) near - Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 20, 1953 REGISTRAR'S SIGNATURE Clara L. Barnes

24. FUNERAL DIRECTOR ADDRESS J. Willis Wells - Chestertown, Md.

VS. 415

RECEIVED
NOV 23 1...
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2021

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 24 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent + Queen Ann Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Queen Anns
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Centreville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) Stack (Last) Muir
4. DATE OF DEATH: (Month) Nov. (Day) 16 (Year) 1953
5. SEX: F
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Oct 24, 1870
9. AGE last birthday: 83 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Josiah Stack
14. MOTHER'S MAIDEN NAME: Lida Williams
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 4 No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Hosp records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: INTERVAL BETWEEN ONSET AND DEATH

422.2 Immediate cause (a) Pulmonary oedema — 10 days
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Chronic myocarditis — 5 years
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-15, 1953, to 11-16, 1953, that I last saw the deceased alive on 11-16, 1953, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
A. Wick, M.D. Chestertown, Md 11-16-53

23. BURIAL CREMATION REMOVAL (Specify): DATE THEREOF 11/19/53 NAME OF CEMETERY OR CREMATORY Westminster LOCATION (City, town, or county) Phila. (State) Pa

DATE REC'D BY LOCAL REG. Nov. 17-1953 REGISTRAR'S SIGNATURE Clara S. Barnes 24. FUNERAL DIRECTOR Edgar L Lane ADDRESS Church Hill, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A15 8-51

RECEIVED
1953
BUREAU V. S.

206

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall X
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Skinners Neck X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall X
STREET ADDRESS (If rural, give location) Skinners Neck

3. NAME OF DECEASED (Type or Print) (First) Irene (Middle) Riley (Last)

4. DATE OF DEATH (Month) November (Day) 12 (Year) 1953

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct. 30 1889
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alfred Palmer
14. MOTHER'S MAIDEN NAME Irene Voshell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS Mr. Alfred C. Riley - Rock Hall Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.2 Immediate cause (a) [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19....., to [illegible], 19....., that I last saw the deceased alive on [illegible], 1953 and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 15 1953
NAME OF CEMETERY OR CREMATORY Wesley Chapel Cemetery
LOCATION (City, town, or county) (State) Rock Hall - Maryland

DATE REC'D BY LOCAL REG. Nov 13, 53
REGISTRAR'S SIGNATURE S. Elwood Burgess
24. FUNERAL DIRECTOR Marvin V. Williams - Crumlinton, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-475

RECEIVED
NOV
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 12 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Ams

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN X Rural Chestertown
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Emerson (Middle) Bryan (Last) Roberts
4. DATE OF DEATH (Month) November (Day) 30 (Year) 1953
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 10-10-90
9. AGE last birthday 63 ~~72~~ yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Executive of Westinghouse Co.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Emerson P. Roberts
14. MOTHER'S MAIDEN NAME Mary S. Bryan
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY No. I75-05-8672
17. INFORMANT AND ADDRESS Hosp records - Chestertown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
42 a.m. Immediate cause	(a) Congestive heart failure	48 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Auricular fibrillation	6 mos.
	(c) Arteriosclerotic heart disease	1 year

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1, 1953, to Nov. 30, 1953, that I last saw the deceased alive on Nov. 30, 1953 and that death occurred at 3 00 A.m., from the causes and on the date stated above.

SIGNATURE A. C. Tick (Degree or title) M.D. ADDRESS Chestertown DATE SIGNED 11-30-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Dec. 2 1953
NAME OF CEMETERY OR CREMATORY St. Paul's Cem.
LOCATION (City, town, or county) near - Chestertown, Md. (State)
DATE REC'D BY LOCAL REG. Nov. 30-1953
REGISTRAR'S SIGNATURE Clara S. Barnes
24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS 115

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11208

CERTIFICATE OF DEATH

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 T

1. PLACE OF DEATH
COUNTY Kent Co MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rock Hall
STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print): (First) Kate (Middle) Allen (Last) Wagner

4. DATE OF DEATH: (Month) Nov. (Day) 13. (Year) 1953

5. SEX: F. | 6. COLOR OR RACE: W. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married | 8. DATE OF BIRTH: Mar 4-1870 | 9. AGE last birthday: 83 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Wife | 10b. KIND OF BUSINESS OR INDUSTRY: Home | 11. BIRTHPLACE (State or foreign country): Rock Hall Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Nathan Satterfield | 14. MOTHER'S MAIDEN NAME: Harriett Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Mrs H. E. Wagner

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X Immediate cause (a) Cerebral Hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug, 19 53, to Nov 13, 19 53, that I last saw the deceased alive on 11/13, 19 53, and that death occurred at 2 P m., from the causes and on the date stated above.

SIGNATURE: D Keeler (Degree or title) MD ADDRESS Rock Hall DATE SIGNED Md

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF Nov 16-53 | NAME OF CEMETERY OR CREMATORY Wesley Chapel | LOCATION (City, town, or county) Rock Hall (State) Md

DATE REC'D BY LOCAL REG. Nov 16/53 | REGISTRAR'S SIGNATURE D. Elwood Burgess | 24. FUNERAL DIRECTOR Edgar L. Love Church Hill Md ADDRESS

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NOV 25 [illegible]
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS/A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11209

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown 31
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Queen Anne's Hosp. 20

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural, Chestertown X
STREET ADDRESS (If rural, give location) Near Big Woods

3. NAME OF DECEASED (Type or Print) (First) August (Middle) Watson (Last) Wilmore

4. DATE OF DEATH (Month) November (Day) 1 (Year) 1953

5. SEX Male

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH Aug. 22, 1908

9. AGE last birthday 45 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Truck Driver - Junk Business

10b. KIND OF BUSINESS OR INDUSTRY Moving

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME John Wilmore

14. MOTHER'S MAIDEN NAME Catherine Brooks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 1

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS Anna Wilmore (wife) Stillpond, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Congestive Heart Failure	1 hour
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Myocardial Infarction	1 hour
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ----- PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ----- (CITY OR TOWN) (COUNTY) (STATE) ---------

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at Work ☐ Not While At work ☐ HOW DID INJURY OCCUR? ---------

22. I hereby certify that I attended the deceased from ——, 19__, to ——, 19__, that I last saw the deceased alive on 11-1, 1953, and that death occurred at 11:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] Julbrandsen, MD - Ass't Dep. Med. Ex., Kent Co. - Chestertown, Md 11/2/53

23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 11/5 1953 NAME OF CEMETERY OR CREMATORY Fountain Bigwoods LOCATION (City, town, or county) (State) Rural Norton Md

DATE REC'D BY LOCAL REG. Nov. 4 - 1953 REGISTRAR'S SIGNATURE Clara S. Barnes. 24. FUNERAL DIRECTOR B R Fellows ADDRESS Still Pond Md

RECEIVED
NOV 6
BUREAU V. S.